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CONFIRMATION NO. 5473

Bib Data Sheet

SERIAL NUMBER 09/920,039	FILING DATE 08/01/2001 RULE	CLASS 455	GROUP ART UNIT 3671	ATTORNEY DOCKET NO. GB 000136
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APPLICANTS

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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *******

UNITED KINGDOM 0024326.2 10/04/2000

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/05/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 2	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Examiner's Signature _____ Initials _____			

ADDRESS

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TITLE

Device control apparatus and method

FILING FEE RECEIVED 746	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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